For Instructions, See Back of Form	Reset Form	SCHEDULE	
CONTRIBUTIONS MONEY TAKEN IN	projects and the training of the Belleville of the State	(Rev. 07/03)	MONETARY RECEIPTS
(Including candidate's personal funds)		CHECK THIS BOX IF	
COMMITTEE NAME (Must be same as on Statement of Organization)		AME	NDING FORM
Harbe for / restarce			

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
	ID# CK#	BRUCE GARBE 6400 MORNIALSIDE AVE STOUX GITT TOWA 51106-5419	SEF	\$ 75150	
	1D#				
	CK#	·			<u> </u>
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	ID#			-	
	CK#			9.5	ا ا
	ID#			4	
	CK#				
			SUB-TOTAL	\$	
		TOTAL (if last page	of this schedule)		1

[&]quot;Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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